



NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 530055.413R1				
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450* (37 CFR 1.8(a)) on _____ Signature _____ Typed or printed name _____		In re Application of Walter W. Collins <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Application Number 09/680,697</td> <td style="width: 50%; padding: 2px;">Filed October 6, 2000</td> </tr> </table> For FOLDING KNIFE WITH ACTUATABLE SAFETY LOCKING MECHANISM <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Art Unit 3724</td> <td style="width: 50%; padding: 2px;">Examiner Clark F. Dexter</td> </tr> </table>	Application Number 09/680,697	Filed October 6, 2000	Art Unit 3724	Examiner Clark F. Dexter
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Art Unit 3724	Examiner Clark F. Dexter					
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.						
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ <u>500</u>						
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____						
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.						
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.						
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.						
<input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. _____. I have enclosed a duplicate copy of this sheet.						
<input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96.) <input checked="" type="checkbox"/> attorney or agent of record. Registration No. <u>52,404</u> <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____		<div style="text-align: center;"> _____ Signature </div> <div style="text-align: center; margin-top: 20px;"> Harold H. Bennett II _____ Typed or Printed Name </div> <div style="text-align: center; margin-top: 20px;"> (206) 622-4900 _____ Telephone Number </div> <div style="text-align: center; margin-top: 20px;"> June 22, 2006 _____ Date </div>				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
<input checked="" type="checkbox"/> *Total of <u>1</u> form is are submitted.						

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